FORM STATE OF WASHINGTON
A 19-1A INVOICE VOUCHER
(Rev. 1/91)

AGENCY NAME

WA DEPARTMENT OF SOCIAL & HEALTH SERVICES ESA/CSD P.O. BOX 45470, 712 PEAR ST. SE OLYMPIA, WA 98504-5470

VENDOR OR CLAIMANT (Warrant is to be payable to)

FEDERAL I.D. NO. SOCIAL SECURITY NO.(for reporting personal service contract payments to I.R.S)

CBO Name and Addesss

	AGENCY USE ONLY			
AGENCY NO.	LOCATION CODE	AUTH. NO. OR P.R.#		
3000		1512-50100		

INSTRUCTION TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

VENDOR'S CERTIFICATE. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

DATE

DATE RECEIVED

y: (SIGN IN INK)

RECEIVED BY

(TITLE)

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ATE	DESCRIPTION Proj								Progran	n Indexes Total Expenditures			ures	Reimbursable Expenditures	
	RISE FFY16 CARES of Washington														
	CONTRACT #1512-50100														
FOR THE MONTH ENDING:															
100% Administration F836										1			\$0.00	\$0.00	
Includes "Other" from the contract exhibit C (tuition, in										n-directs					
100% Participant Reimbursement															
Transportation F8362										2			\$0.00	\$0.00	
	Basic Educational F836									3	\$0.00			\$0.00	
	Clothing F836									4	\$0.00 \$0.0			\$0.00	
	Other Participant reimbursement costs F836									5		\$0.00 \$0			
Books/Supplies													\$0.00	\$0.00	
	Other Participant reimbursement costs F836									6					
	Emergency Services/Housing, etc.												\$0.00	\$0.00	
	Child Care F836								F836	7					
	Medical Services F83									8	\$0.00 \$0.0			\$0.00	
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